

labouring under hoarseness from subacute inflammation. The following formula is given by M. Trousseau: Alum, from 10 to 30 parts; water, 500 parts; honey or mulberry syrup, 100 parts. Whatever gargle is employed should be used as hot as it can be borne; cold gargles are useless.

In a very large number of cases, the pharyngeal affection is of an herpetic nature. In a person, for instance, who has had eczema of the nose, the disease may have produced union of the nasal fossæ with the pharynx and the Eustachian tubes; thus giving rise to obliteration. If eczema of the nose is still present, and coryza appears under the influence of cold or after meals, the hoarseness must be treated by applications to the nasal fossæ. One part of sulphuret of potassium is dissolved in one hundred parts of water, and a tea-spoonful is put into some very hot water, and forcibly inhaled by the patient for some minutes, three times a day. The same solution, in a larger proportion to the water, is to be used at the same time as a gargle.

In cases of this nature, sulphureous waters also are very useful, taken two or three times a day. The patients may also be made to take into the nose small pinches of white or red precipitate.

Some changes in the voice are only to be benefited by direct treatment, viz. inhalation of arsenic and cauterization with a strong solution of nitrate of silver. Cauterization is sometimes difficult; and in this case, the use of arsenicated cigarettes is more simple, and not less efficacious. The cigarettes are made with one part of arsenite of potash to twenty-five of water; in this, some filtering paper is dipped, then rolled into cigarettes, and dried. These must be smoked slowly—eight or ten inspirations each time, three times a day. The metallic arsenic is condensed on the larynx.—*Assoc. Med. Journ.* July 8, 1853.

37. *Veratria in Acute Articular Rheumatism.*—According to the *Union Médicale* for April 2, MM. TROUSSEAU and PIEDAGNEL, of Paris, have for some time employed veratria in the treatment of acute rheumatism. Its introduction appears to be due to M. Piedagnel, who states that, from the observation of numerous cases both in hospital and private practice, he finds that rheumatism is in this way generally cured in seven or eight days. He administers the veratrin in the form of pills, each containing five *milligrammes* (about 1-13th of a grain). Of these, one is taken on the first day, two on the second, three on the third, &c., up to the sixth day; it is rarely necessary to give seven pills. When the general and local symptoms have abated, which generally takes place on the fourth, fifth, or sixth day, the dose is maintained for two or three days at the point at which it had arrived, and is then gradually decreased daily, as the symptoms disappear; and when, after four, five, or six days of convalescence, the cure seems perfect, the medicine is discontinued.

If, during the administration of this medicine, colic, diarrhoea, or vomiting appear, indicating intolerance of the medicine on the part of the gastro-intestinal mucous membrane, no larger dose must be given than can be taken without producing this effect.

A great recommendation of this medicine, according to M. Trousseau, is the lowness of its price, especially as compared with that of the disulphate of quinia.

The following is an outline of some cases treated on this plan by M. Trousseau, in the Hôpital-Dieu.

CASE I. M., aged 17, had acute articular rheumatism, with endocarditis. All the joints of the upper and lower limbs were affected. Veratrin was administered, and the disease began to be subdued in three days. She left the hospital four weeks after admission; having remained there fifteen days after the disappearance of all symptoms, in order that the permanency of the cure might be established.

CASE II. B., aged 37, a day-labourer, had had rheumatism several times. He was admitted on March 12, 1853, with acute articular rheumatism affecting most of the joints. The heart was unaffected. He took the veratrin in the manner described above until March 22, when M. Trousseau discontinued it, in consequence of the presence of gastro-intestinal disturbance. The next day, the rheumatism, which had nearly left him, began to return in several of the

joints. M. Trousseau then ordered four pills to be taken ; after which he rapidly recovered.

Two other instances are related of acute articular rheumatism ; in these, veratrin was employed with similarly favourable results.—*Assoc. Med. Journ.* Sept. 2, 1853.

38. *Electricity in restoring Animation after its Extinction by Chloroform.*—M. JOBERT DE LAMBALLE read a paper on this subject before the Academy of Sciences. After administering chloroform to several animals until it produced apparent death, he applied the galvanic pile, and, by operating with properly graduated shocks, succeeded in restoring animation. But, in some instances, such a length of time elapsed before recovery that fears of a fatal result were entertained, which, however, were dissipated by perseverance in the application of the battery.—*Lancet*, Sept. 10, 1853.

39. *Employment of General Frictions in Chlorosis.* By M. ARAN.—This disease is almost exclusively treated by iron, only some practitioners even adding to this good diet, exercise, and insolation. By others, iron is regarded as necessary for its cure, as is quinia in ague, or mercury in syphilis ; while not only is it not indispensable, but in certain cases it entirely fails, exerting no influence upon the affection, and, if persevered in, inducing congestion of the viscera, especially of the lungs, which may give rise to hæmoptysis. In a much larger number of cases, ferruginous preparations are well supported at first, and produce marked amelioration ; but after awhile such amelioration becomes stationary, and, however much the dose may be increased, the patient is not prevented from falling back into her former state. Such patients are sometimes seen, although gorged with iron for months or years, still exhibiting all the characters of chlorosis. Dr. Aran has found that, by the employment of *dry and stimulant frictions*, aided by good regimen, and in some cases by wine *lavements*, these obstinate cases may be very satisfactorily treated, when iron has failed. Either flannel or a brush may be used, and occasionally a stimulating fluid, such as spirit of camphor, or some ammoniacal preparation, may be added, so as to induce rubefaction. The frictions should be continued for five or ten minutes, every night and morning, being chiefly directed along the back and limbs. In a few days, a marked modification of all the functions is produced. The patient becomes more lively and alert, her countenance acquires colour, and appetite, flesh, and strength begin to return, and that although no internal medicines whatever have been employed. In some cases, in which progress is not so rapid, vinous enemata are of great service.—*Brit. and For. Med.-Chir. Review*, July, 1853, from *Bull. de Thérapeutique*, tom. xliii.

40. *Use of Chloroform in Hooping-Cough.*—Dr. FLEETWOOD CHURCHILL, in a letter to Prof. Simpson, published in the *Monthly Journal of Medical Science* (Aug. 1853), alludes to his having mentioned, in his work on Diseases of Children, his having tried the inhalation of sulphuric ether in hooping-cough, with great benefit, in about a dozen cases, and states that he has since tried chloroform with equal benefit. But he always found, he remarks, “two obstacles to its full and fair administration to young children. In the first place, you cannot get them to give notice of the approach of a cough, so as to enable you to have the chloroform in readiness before the paroxysm commences ; and when the paroxysm has commenced, as it consists of eight or ten expirations to one inspiration, the chloroform will have evaporated before it has been fairly inhaled. And secondly, young children have such a horror of anything near their mouths during the cough, that they will resist your trying the chloroform as much as possible, until they themselves have felt its power in relieving the cough. Owing to these two causes, and perhaps also to a want of clever management on the part of the mother, we shall find it fail altogether occasionally, and in other cases only partially succeed ; but when it is fairly tried, as I have already remarked, its use is most beneficial.

“I have all along felt very anxious to try it in young persons of twelve or fourteen years old and upwards, because with them we can avoid the two diffi-